



# Customer Service Report

System Owner	System Location ACTON HIGHWAY DEPT FOREST ST. ACTON MA
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Customer Home	
Technician	Phil
System Type	TIGHT TANK
Previous Service	
Next Service	
Date of Service	4-22-05

	Household Size							
	1	2	3	4	5	6	7	8
Tank Size 1000	22	20	18	16	14	12	12	12
1250	22	20	18	18	16	14	12	12
1500	24	22	20	20	18	16	14	14
1750	26	24	22	24	20	18	16	16

Service Code	Description PUMPING .12/GAL 5000 GALS.	Charge \$ 600.00	Score From Table	
			Subtract 6 for garbage disposal	
			Subtract 5 if system is older than 10 years	
			Add 8 for seasonal use	
			Add 5 if system additive is used:	
			Net Score:	
			Score	Frequency
			Less than 5	Every 6 months
			6 to 15	Every Year
			16 to 23	Every 18 months
			greater than 24	Every 2 years
Payment Type: INVOICE	Expires:	Subtotal \$ 600.00		
Credit Card #:		Tax \$		
		Total 600.00		

Technician Comments: SERVICED TIGHT TANK (TRUCK WASH)	Tank Observations <table><tr><td><input type="checkbox"/></td><td>Good Condition</td></tr><tr><td><input type="checkbox"/></td><td>Leachfield Runback</td></tr><tr><td><input type="checkbox"/></td><td>Riding High (liquid level)</td></tr><tr><td><input type="checkbox"/></td><td>Excessive Solids (top/bottom)</td></tr><tr><td><input type="checkbox"/></td><td>Use No Powdered Soap</td></tr><tr><td><input type="checkbox"/></td><td>Heavy Grease</td></tr><tr><td><input type="checkbox"/></td><td>Roots</td></tr><tr><td><input type="checkbox"/></td><td>Outlets Baffle Missing</td></tr><tr><td><input type="checkbox"/></td><td>Inlet Baffle Missing</td></tr></table>	<input type="checkbox"/>	Good Condition	<input type="checkbox"/>	Leachfield Runback	<input type="checkbox"/>	Riding High (liquid level)	<input type="checkbox"/>	Excessive Solids (top/bottom)	<input type="checkbox"/>	Use No Powdered Soap	<input type="checkbox"/>	Heavy Grease	<input type="checkbox"/>	Roots	<input type="checkbox"/>	Outlets Baffle Missing	<input type="checkbox"/>	Inlet Baffle Missing
<input type="checkbox"/>	Good Condition																		
<input type="checkbox"/>	Leachfield Runback																		
<input type="checkbox"/>	Riding High (liquid level)																		
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<input type="checkbox"/>	Heavy Grease																		
<input type="checkbox"/>	Roots																		
<input type="checkbox"/>	Outlets Baffle Missing																		
<input type="checkbox"/>	Inlet Baffle Missing																		

Terms

*[Signature]*  
Customer Signature



# Customer Service Report

0208014816

Work Order #

<b>System Owner</b> Acton Transfer Station 14 Forest Road  Acton, MA, 01720 (978)-264-9624 x	<b>System Location</b> Acton Highway Dept 14 Forest Road  Acton, MA, 01720 (978)-264-9624 x Dave Brown
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Customer Home ☐ No **PAUL L** Customer ID: 1045789

Technician \_\_\_\_\_  
System Type Standard  
Previous Service 24 Nov 2004  
Next Service 4/21  
Date of Service 21-Apr-2005 CAT

	Household Size							
	1	2	3	4	5	6	7	8
Tank Size 1000	22	20	18	16	14	12	12	12
1250	22	20	18	18	16	14	12	12
1500	24	22	20	20	18	16	14	14
1750	26	24	22	24	20	18	16	16

Service Code	Description	Charge	Score From Table	
Permit Fees	100 50.0000	\$50.00	Subtract 6 for garbage disposal	
Administrative Fees	100 40.0000	\$40.00	Subtract 5 if system is older than 10 years	
			Add 8 for seasonal use	
			Add 5 if system additive is used:	
			Net Score:	
			Score	Frequency
			Less than 5	Every 6 months
			6 to 15	Every Year
			16 to 23	Every 18 months
			greater than 24	Every 2 years

Subtotal \$90.00  
Tax \$0.00  
Total \$90.00

Payment Type: Invoice Expires: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_

<b>Technician Comments:</b> <u>Permit + Admin charges</u>	<b>Tank Observations</b> <input type="checkbox"/> Good Condition <input type="checkbox"/> Leachfield Runback <input type="checkbox"/> Rising High (liquid level) <input type="checkbox"/> Excessive Solids (top/bottom) <input type="checkbox"/> Use No Powdered Soap <input type="checkbox"/> Heavy Grease <input type="checkbox"/> Roots <input type="checkbox"/> Outlets Baffle Missing <input type="checkbox"/> Inlet Baffle Missing
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Wind River Environmental LLC 561 Main Street. Hudson, MA 01749 (978)-562-4500

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Due on Receipt

David Whelan  
Customer Signature